

**SPIRITUALITY: COUNSELOR PERSPECTIVES AND
EDUCATIONAL TRAINING**

by

Jeffrey P. Ongna

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Dr. Ed Biggerstaff

The Graduate College
University of Wisconsin-Stout
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The Graduate College
University of Wisconsin-Stout
Menomonie, WI 54751

ABSTRACT

ONGNA	JEFFREY	P.	
(Writer)	(Last Name)	(First)	(Initial)

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The purpose of this study is to describe spiritual concerns of clients, its reemergence as an issue, and educational training needs of counselors in treating spiritual concerns. In recent years there has been a renewed interest and redefinition of spiritual issues, and counselors are expected to meet the needs of clients presenting these concerns. Institutions of higher learning are the training base for these counselors and they are recommended to address curriculum implementing spiritual training to meet client needs. This is a qualitative study

with data being gathered through counselor interviews regarding their experiences and recommendations for spiritual issues and training. The information found in this study is limited to institutions of therapy and education in western Wisconsin and eastern Minnesota. The data will impact counselor-training curriculum by identifying a need for education of spiritual issues and therapeutic intervention techniques. It will also provide definitions of what spirituality means to society.

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CHAPTER I

Introduction

Spirituality has long been a part of life for humans. Over the course of time, it has risen in interest and attention of people for various reasons, and in recent times, there has been a reemergence of spiritual concerns. An example of this reemergence is evident with the popularity of mind, body, spirit work and the use of personal psychics or counselors. People are searching for something greater or higher than they are, seeking guidance or answers. The point here is not to condemn or even discourage the use of spirituality as a means to mental health, but to illustrate that it is an important part of the person as a whole.

The pattern of mental health in recent years seems to be going from diagnosis of pathology to treatment of spiritual concerns. These concerns range from self-esteem to the relation of physical and mental health. On the University of Wisconsin-Stout campus there is a mind, body, spirit conference held annually for therapists and interested people. The trend towards wholeness and existentialism indicates the need for counseling on

spiritual issues. Counselors will be presented with spiritual issues as clients present them as legitimate presenting concerns in therapy.

The spiritual revival, if you will, will require counselor education in this area. The concerns of clients dictate the education that colleges and universities provide. Without knowledge of these concerns, counselors find themselves unable to effectively deal with client issues. Such is the case with spiritual issues. Our educational institutions lack curricula that address the issues of spirituality clients present in therapy. When spiritual issues arise, we as counselors find ourselves lacking valuable training, leaving the client to suffer.

The question becomes; what is needed? A basic understanding in the concept of spirituality and its role in people's lives is a start. Since this is a concern facing the population today, schools of higher learning need to pay more attention to spiritual training courses for students in the counseling field. By doing so, counselors will be able to treat the very issues clients frequently present in therapy. Effective counseling includes education and knowledge of the needs of the population. Just as career counseling or alcoholism courses are offered as electives, spirituality counseling

issues should be provided to counselors. This preparation will meet the needs and wants of those seeking our services.

Statement of the Problem

Available information indicates that most training institutes in counselor education do not pay attention to, or invest in core curriculum course-work in spirituality and its relation to presenting client issues.

Purpose of the Study

The purpose of the study is to describe spiritual concerns of clients, its reemergence, and the educational need of counselors in the area of spirituality as measured by a review of literature and professional counselor observations in practice.

The study will focus on the following objectives:

1. To determine the percentage of clientele that present spiritual concerns in counseling sessions.
2. To determine what constitutes spirituality according to the literature and counselor interviews.
3. To determine educational training needs of counselors when treating spiritual issues.

Definitions of Terms

For purposes of this study the following definitions of spirituality are used:

World Book, Inc. defines spiritual as having something to do with the soul or spirit, supernatural, or with the church.

Operative definition- the author defines spirituality rather broadly, incorporating the soul, spirit, supernatural and church. It is a religious matter, as well as a personal matter, including wholeness of the self from a higher power source. It may come from within or externally, depending on the person.

Assumptions

It is assumed that many clients are increasingly presenting spiritual issues in therapy. These same clients are increasingly presenting spiritual issues in therapy for treatment. The training in this area is not provided, or is not substantial enough to effectively treat spiritual issues. It would be beneficial to provide education to counselors and therapists in this area.

Limitations of the Study

The experiences, opinions and observations of only nine counselors will be included in the study. These counselors are located in the state of Wisconsin, and in the western part of the state and in eastern Minnesota, limiting the generalizations of the study to these areas. The opinions and observations of institutions of higher learning are not involved, excluding their viewpoint from the study. Client perspectives are not included in the study, as pertaining to frequency of spiritual concerns or the definition of spirituality.

CHAPTER II

Review of Literature

Spirituality has historically been considered a religious topic, but recent movements have brought the spiritual issue or dimension into the field of psychology. A review of literature reveals a progression over time and how psychology and spirituality have merged. Steere (1997) writes that the psycho-spiritual movement is where spiritual energies are going. The movement is very difficult to define, mainly because it is very diverse. As psychology and spirituality continue to merge, counselors should be aware of the expectations psychology and clients have for therapy. Therefore, the first section of the review of literature chapter will address these issues.

The second section describes the benefits and the role of spirituality in people's lives. This sets the stage for the field of psychology to accept the importance of spiritual treatment. The third section discusses the meaning of spirituality and religion. A wide variety of definitions are available, and inasmuch as the movement is continually changing and redefining itself, it becomes important to clearly define the terms. The main issue of

importance for this research is the educational training of counselors in the field of psychology, which becomes the fourth and final section of the literature review.

Standards of Care in Spirituality

Psychology has reached a new age. With the emergence of spirituality in recent years, the separation that is present between psychology and spirituality is in limbo. The clear boundary between the two has become clouded, and the field of psychology is struggling for objectivity and definitions to answer questions.

Moore (1992) writes that psychology has to change as we have known it, because it is modern, secular, and ego-centered. New ideas, language and traditions should be developed on which theories are based. Psychology and spirituality have to come together in order for the spirit to be healed. There has long been a split that emerged at the beginning of psychology that needs mending.

The struggle of psychology to define itself as a scientific discipline meant that it had to reject anything that resembled religion, and this included spirituality (Porter, 1995). Grimm (1994) said that psychology and religion have been opposed to each other for a long time because they were seen as competitors for influence over

people. This split between religion and psychology has given us trouble when dealing with spiritual issues in therapy (Steere, 1997).

Another barrier for integrating religion and spirituality into psychology is the beliefs and practices of mental health professionals (Prest and Keller, 1993). Many are prejudiced against formal practices and even believe that spiritual practices are the root of client problems.

Researchers have written extensively about the beginnings of psychology and the distinction between psychology and religion (Richards and Bergin, 1997; Shafranske, 1996). The current research and beliefs in the field are supporting a collaborative effort by the two. Doherty (1995) writes that the exclusion of religious issues in psychology might be unnecessary. Some scholars have called for the walls between religious beliefs and public life to be broken down.

The very process of psychotherapy, with its basic skills, is comparable to spiritual work. Thompson (1994) adds that "though it does not explicitly address spiritual healing, psychotherapy often makes growth possible because it gets back to the origins of our spiritual impasse and

helps us grow again" (P. 196). Without knowing, therapists may be working in the spiritual realm.

Shafranske (1996) understands this well, stating that therapists, whether religious or not, must help fellow human beings through understanding. This seems to be the current trend in the field of psychology. The views and research are changing to incorporate spiritual and religious work into treatment.

The American Psychological Association (1992) revised its Ethical Principles of Psychologists and Code of Conduct, which now mandates psychologists to view religion as one facet of human difference that requires special attention and training (Standard 1.08). Shafranske (1996) supports this mandate in his writings, saying that integration of psychology and religion is a viable independent specialty within psychology. This does not sound like full acceptance, however, because of the independent specialty. Steere (1997) agrees with the ethic also, strongly stating that mental health professionals desperately need a caring ethic and sense of spirituality.

Therapists also have an ethical obligation to the spiritual (Richards and Bergin, 1997). This is backed by Hinterkopf (1998), who believes counselors should respond sensitively to situations in order to facilitate a

spiritual growth process. Even an article in Family Practice News (1997) addressed the subject. Medical students were urged to explore their own beliefs on spirituality, as well as learning about patient beliefs. Although the medical profession is scientifically based, it stills sees the benefits of spirituality.

Allen Bergin (1988), a prominent writer on spirituality, recognized that "it is timely to add a spiritual keystone to the building blocks that are already provided by the behavioral, psychodynamic, humanistic, life-span development, and cognitive approaches." (P. 22). Steere (1997) believes it is also ethical to remain abreast of new developments in the field. As a profession, psychotherapy, more than any other form of health care is based on personal and ethical integrity among those that practice. He also adds that we have to provide for those wanting spiritual help in the face of HMO control because the need of services will not diminish or disappear (Steere, 1997).

The DSM IV (APA, 1994) has added a new category for diagnostic purposes. The code is V69.89 for Religious or Spiritual Problem. The description of issues is loss, questioning of faith, problems with conversion to a new faith, and spiritual views not related to an institution.

It seems the time has come to accept that spiritual and religious issues are relevant in psychotherapy. The literature is becoming increasingly supportive, as well as the APA itself.

Another supporter is the Council for Accreditation and Counseling Related Educational Programs (CACREP). CACREP (1988) states in its Social and Cultural Foundations Standard (Section II, J, 2) that counselors should have a basic understanding of societal changes and trends. This is addressed in a substandard as religious preference. The American Counseling Association (ACA) also takes a stance in its Ethical Standards. Counselors are able to learn to "respect the importance of spirituality and religion in the lives of clients and how to incorporate that respect in their practice." (ACA, 1988; Ethical Standards Section A, 10).

Counselor values are also important when discussing the issue of spirituality because it is impossible to separate the two. Grimm (1994) writes that by subscribing to no values, therapists reveal values to the client. The therapist's actual values may not be extremely important, but awareness of spiritual and religious concerns as a component of the client is (Fukuyama and Sevig, 1997).

Therapists should be comfortable with their own spirituality before dealing with the clients' (Pate and Bondi, 1992). It may be unethical to treat someone when you do not have the ability to treat their issues. This makes it important for the therapist to understand their own beliefs in order to know when to refer. Neglect or inappropriate spiritual or religious work could be harmful or damaging to the client.

When a therapist is able to do spiritual work, the effective treatment would be to integrate therapist and client values, because therapist values can contribute to a positive therapeutic outcome (Grimm, 1994). If a therapist is able to work with spiritual and religious issues many benefits can result.

Benefits and Role of Spirituality

In therapy, understanding a client's personal belief system allows for more effective information gathering, and adds insight into factors that may create, maintain and perpetuate problems. Overall, spiritual belief systems provide important avenues to intervention and possible resources (Prest and Keller, 1993). These are some benefits seen in therapy, but what about personal benefits for clients?

Research suggests that the presence of spiritual convictions leads to good health and long life (Williams, 1998). Attending organized services at least once per week is one example of spiritual conviction leading to longer life. Williams (1998) reports that healthier immune systems are linked to church service attendance. Relaxation was also found to be a benefit of spirituality (Hinterkopf, 1998). Shafranske (1996) found that some physical benefits of being religious were a longer life, less chance of suicide, less drug use and less criminal behavior.

The impact of spiritual beliefs and practice are also reported on a personal level. When it comes to mental health, Moore found that a some sort of spiritual life is absolutely necessary (1992). Meaning and spirituality seem to be synonymous. Pollner (1989) found that people experience a deepened sense of meaning. Hinterkopf (1998) also writes that meaning and purpose are benefits of spirituality. Other words used to describe the benefits may include direction, identity and clarity (Hinterkopf, 1998; Pollner, 1989).

Frankl (1984) wrote about meaning in the lives of people. The loss of meaning in life can be connected to the loss or lack of spiritual involvement. The search for

meaning often leads people beyond themselves, and thus they are always looking to something or someone else for direction (Frankl, 1984). Change comes in this way according to Frankl. He states that when facing something they cannot change, people have to rise above themselves to find change (1984). What is grasped for is the spiritual realm, and this will be defined in the next section.

The issue of control is related to change and meaning. Spirituality often is the place clients turn for answers. Individuals may feel supported by a divine being, which offers some control, or at least the means to manage their lives (Pollner, 1989). By acting on beliefs, people can connect with their life source, finding control and meaning beyond themselves (Williams, 1998). This can be said in more ways than one. Hinterkopf (1998) refers to the spiritual as our creative source and inner wisdom.

Whatever spirituality is called, the benefits will always follow. Returning to the topic of change, it is found that a majority of therapists now consider religious and spiritual beliefs to be resources for promoting change (Richards and Bergin, 1997). Change can come in many forms, benefiting self-esteem, and giving people a perception of enduring significance beyond their physical

life (Ellison, 1991). Others simply call this better wellbeing (Shafranske, 1996).

The last of the benefits for consideration are the affects of spirituality on depression. When a person is connected spiritually, depression is less severe (Shafranske, 1996; Williams, 1998). Positive terms showing successful alleviation of depression are friendliness and personal strength, and these are outcomes seen in spiritual treatment (Hinterkopf, 1998).

It seems that the power of spirituality allows people to feel stronger overall, and that there is something greater than themselves to handle life's problems. Moore commented that the soul can benefit greatly from a vivid spiritual life and can suffer when it is deprived of it (1992).

Defining Spirituality

Many of the benefits of spirituality that have been mentioned could also be included in a definition of what spirituality is. This section will focus upon the difference between religion and spirituality, and define spirituality according to available literature. There will also be a brief discussion on what topics, issues, or problems are in the spiritual realm.

For the purposes of this paper, two definitions of spirituality were provided in the first chapter. Both gave an indication that the church was involved with religion. The interest of this paper is not in the separateness of religion and spirituality, just in defining what each means to people in order to gain an overall understanding of the concepts as they apply to psychology. Keep in mind that it is possible to be religious without being spiritual and vice versa (Richards and Bergin, 1997), and that spiritual development can occur within or without the context of religion (Porter, 1995).

When religion is involved, the thought tends to be of an institution that has carried traditions and practices across time and space (Moore, 1992). Hinterkopf (1998) describes it as the beliefs of an organized church or institution. There is more structure to religion than in spirituality, and as Ingersoll (1994) puts it, there are rituals, organized worship and expression of beliefs. Richards and Bergin (1997) term it as belief in and reverence to God. Religion is institutional and denominational also.

Religious belief is a belief in God and the divine teachings found in sacred writings, according to Shafranske (1996). There is a difference between the beliefs and

behavior in religion though. The behavior in religion involves prayer, study of texts, and meditation (Shafranske, 1996). Grimm (1994) also found religion to be social or organized, and said it was the means by which people express spirituality.

Steere (1997) included four parts to it in his definition. First, there is a concept of God; second, there is a means to communicate with God; third, we have a view of self in relation to God; and fourth, there is a sense of community. These are similar to prayer and meditation. It is interesting to note that therapia is Greek for 'one who serves the gods or heals' (Steere, 1997). The goal of therapy is to heal, and it is ironic that the root of the term was originally religious in nature.

The spiritual domain that has been increasing in size recently, has not been easy to define. Over the years spirituality has changed its definition to its present form, which is still unclear. Porter (1995) states that counselors must understand that spirituality is a universal experience that takes many different forms.

Although it is broadly defined, and mostly misunderstood, the following are selected definitions according to the literature. In a succinct definition,

Grimm (1994) terms spirituality as a personal search or desire to be in a relationship with God or a transcendent being. Another definition is that it is an inner experience of the sacred, and living out that experience in life (Thompson, 1994). According to Hinterkopf (1998), spirituality is unique, and is a personally meaningful experience.

A process definition of spirituality includes bodily feelings that are personal, that may result in physiological release (Hinterkopf, 1998). This process definition is clear to all, offering a clear boundary between religion and spirituality. In the present, this may provide the best and easiest definition because of the feuded history between psychology and religion. Over time it would be best to form a working definition that is more specific.

There are other definitions that are seemingly repetitive of those mentioned, but they offer added insight into the gray area of spirituality. Ingersoll (1994) calls it a conception of the divine, and a systemic force that integrates all the dimensions of a person's life. Richards and Bergin (1997) say it involves God or a higher power, purpose, meaning, and good and evil. Shafranske (1996) defines it as wellbeing or health, but also adds some new

terms such as nature religion, Native American beliefs, astrology, occult, and holistic healing. Spiritual systems could provide faith explanations of the past and present, and even predict the future, as well as explain the meaning of life or existence (Prest and Keller, 1993). Some of these have been adopted by psychology and some have not though.

There are other issues that may be considered as spiritual topics in counseling, but they are not included in the definition. Some of these issues are emptiness, meaninglessness, vague depression, disillusionment, loss of values, and yearning for fulfillment (Moore, 1992). When clients are seeking help in the areas of personal growth, self-actualization, bodily awareness, mind and spirit work, meditation, and relaxation they may be seen as seeking help of the spiritual nature. These are areas that will either be dealt with in therapy or the counselor may have to check with the client to see if the client considers them spiritual in nature.

From the review of the literature, it becomes apparent that spirituality is broad and encompasses all that being human entails. Religion and spirituality are extremely important in treatment for this reason. Psychotherapists

need to do what they can in the spiritual part of client's lives to provide effective services.

Spirituality and Counselor Education

It is imperative that clients seeking mental health services receive the treatment they need. With a rise in spirituality as a valid issue, therapists are finding that they are ill equipped in this area. This section is devoted to spirituality and counselor education. Research shows that training is not currently available, and suggestions for training programs are provided.

Over time, as spirituality began to include personal growth and inner healing, people gradually turned to psychotherapy for answers (Steere, 1997). Porter (1995) recognized the bias in academic training that blocks psychology from accepting spirituality into its curriculum, but time has formed cracks in science's foundation. We are at a defining moment in time that must take advantage of blending psychology and spirituality.

Spirituality, as the core of wellness, is a dimension of emerging interest in counseling. However, counselors are reluctant to incorporate the spiritual dimension into the counseling process (Burke and Miranti, 1995). How can this be when the research shows that spiritual issues are

intertwined with presenting problems? (Richards and Bergin, 1997).

Counselor education has historically neglected the importance of spirituality. Research shows it is lacking. Richards and Bergin (1997) say that few therapists are adequately trained, and that there is a need for therapists to seek training. They specifically say that graduate programs neglect spiritual and religious issues. Other research states that counselor education programs rarely mention the spiritual dimension (Burke and Miranti, 1995; Hinterkopf, 1998). Kelly (1994) found little research regarding religious issues in counselor education.

Recently, specifically in the last four years, more research has arrived involving spirituality and psychology. A great part of it is noticing the value of counselor training on spirituality. Many are suggesting that training be provided (American Psychological Association, 1994; Doherty, 1995; Fukuyama and Sevig, 1997; Grimm, 1994; Kelly, 1994; Pate and Bondi, 1992; Porter, 1995; Richards and Bergin, 1997; Shafranske, 1996; Steere, 1997). Suggestion may be a weak word that would better be replaced by a stronger substitute such as demand. The time has come to integrate spirituality and psychology through counselor education, because the research is there to support it.

Two questions arise at this point: why is spiritual training needed, and what should it look like? To answer the first question, research shows that an increasingly number of people are interested in both spirituality and psychology (Steere, 1997). The two are merging before our eyes, leaving clients and therapists wondering what to do. Growing numbers of people are seeking relief of emotional concerns through spiritual means also, and are not restricting their treatment to one approach as they have in the past (Steere, 1997). More and more people are blending medical, religious, and psychological treatments.

Pate and Bondi (1992) state that counselors need spiritual training because they need the skill and sensitivity to deal with client issues. Shafranske (1996) says that spirituality training attunes counselors to the breadth of human experience and the values that are inspiring people to action. These actions are what ultimately lead to individual wellbeing.

Kelly (1994) found fewer than twenty-five percent of counselor education programs address religious or spiritual issues. It was found that eighty-three percent of social workers never or rarely had formal education on religious or spiritual issues (Weaver, Koenig, and Larson, 1997). When considering internship supervision, there is little

attention given to client religious and spiritual issues (Kelly, 1994).

In answering the second question of what should be included in counselor training, Richards and Bergin (1997) think that, at a minimum, three to five credits of multicultural issues should be taught. This includes the topic of religious issues. One problem of counselor training has been that religious and spiritual issues are included under certain course titles, and are not getting the emphasis they deserve. Examples of these courses are mandatory ethics classes that give little time or experiential training to the topic (Doherty, 1995)

The full recommendation that Richards and Bergin (1997) give is for professional organizations and graduate training programs to include training on values in clinical practice, the psychology of religion, comparative religions, and clinical training on assessment and intervention of spiritual concerns. Shafranske (1996) thinks that vastly more attention needs to be given to philosophical, ethical and religious dimensions of psychology.

Research has been conducted on actual courses that have been implemented into counselor training programs. The course objectives give an understanding of applied

materials. Fukuyama and Sevig (1997) had five course objectives for their students: understanding spiritual issues through a spiritual definition, assessment of religious histories, personal exploration of each student's spirituality, ethical considerations, and religious diversity with tolerance and understanding. The course focused on counselor competency and ethical guidelines, dysfunctional religious beliefs, understanding when to address spirituality, and cultures' role (Fukuyama and Sevig, 1997).

Other topics discussed in the course were Christian fundamentalism, gays and lesbians, grief work, addiction, Jewish, Catholic and Eastern beliefs (Fukuyama and Sevig, 1997). The students became more tolerant and understanding of spiritual and religious beliefs, but the main feature was that the class offered a safe atmosphere for personal exploration of beliefs and freedom to express (Fukuyama and Sevig, 1997).

Ingersoll (1997) shared similar results from a designed course on spirituality and religion. Additionally, teachings were done with role-playing interventions of clients, and models of spiritual development were discussed. Students were also able to self-explore their spirituality with the goal being self-

mastery of personal spiritual issues in order to work effectively with client spiritual issues (Ingersoll, 1997). The overall goal of the course was to value a multiplicity of spiritual perspectives, and student feedback has been consistently positive (Ingersoll, 1997).

The literature provided shows that psychology has begun to accept spirituality and religious beliefs as valid issues in treatment. The benefits and role of spirituality in the lives of clients result in physical and mental health. Examples of these are longer life, meaning, control, and self-esteem. Spirituality means different things to different people, and this was true of the literature review. Some include religious beliefs and texts, such as the bible, while others see it as an inner experience or including a higher power. With the acceptance of spirituality in psychology, the far reaching benefits, and the breadth of its definitions, research shows that training be provided for counselors in the area of spirituality. Personal exploration of religious and spiritual issues was found to be important. It is recommended that courses include spiritual issues, definitions, religious education, ethical considerations, and understanding.

CHAPTER III

Methodology

Subjects

The subjects consisted of nine selected practicing counselors in the mental health field. Each counselor was administered a survey and interviewed regarding their experiences working with clients with spiritual issues and problems. The counselors selected were from western Wisconsin and eastern Minnesota, and practiced in towns with a population of approximately between 13,000-50,000 people. The ages and gender of the counselors were important to get a variety of responses from different experiences, therefore, four were male and five were female. To gain insight from the background of the counselors, areas of specialization or concentration were assessed, ranging from alcohol treatment, to private practice, and to university settings.

Instrument

The researcher, in consultation with the research advisor and validated by research literature, developed an interview questionnaire. The questionnaire consisted of

twelve questions focused upon obtaining information from the subjects about spiritual issues which they have experienced in their counseling practice. This instrument was developed to meet the objectives stated in Chapter One under the purpose of the study, and is found in Appendix A. The questionnaire was administered at the time of the individual interview with the counselors.

Data collection

Interviews were done in person, and ranged from twenty minutes to one hour in length. The questions were asked in sequential order, and responses were recorded by the researcher. In regards to the questions, only direct quotations were recorded by the researcher. Signed consent forms were completed before the interviews began.

CHAPTER IV

Results

The results are organized by the objectives of this study, and are derived directly from the responses of the subjects during the interview. The interview questionnaire instrument is found in Appendix A. Further reference to specific responses provided by counselors is found in Appendix B.

Nine counselors were included in this study. Of these, five were female and four were male. The years of professional practice ranged from 11-32 years, with an arithmetical mean of 21 years. Other profiled information of the subjects from the questionnaire on professional titles, education, and areas of specialization are found in Appendices C, D, and E.

Objective 1:

To determine the percentage of clientele that present spiritual concerns in counseling sessions.

The results of the study reveal that all counselors encounter spiritual issues. A counselor stated that 100% of clientele present spiritual issues in their practice.

Another counselor responded that the mind, body, and spirit could not be separated.

The counselors indicated that spiritual issues have remained consistent in their professional experiences. This does not support the hypothesis that spiritual issues are increasing. Other results show that there has not been an increase in spiritual issues. Spirituality tends to come and go as an issue, according to a counselor. As one counselor stated, spirituality dominated in the 1960's, but is absent now.

There is support that spirituality has increased as an issue in therapy; and, as a counselor reported, the issues are becoming graver, more serious, and complicated. Another response was that awareness of personal growth is related to an increase of client spiritual issues.

The data revealed that 3%-98% of clients are presenting spiritual issues in therapy. The results of the study found that spiritual issues are presented mostly by 3%-10% of clients. A majority of counselors indicated that 60% of clients deal with spiritual issues, and two counselors reported 100% of clients deal with spiritual issues at some point in therapy.

Objective 2:

To determine what constitutes spirituality according to the literature and counselor interviews.

A majority of counselors revealed that meaning, purpose, and support are spiritual issues clients encounter in their practice. Counselors reported responses associated with these that include total emptiness, disconnection, vacuum, no reference point, asking where God is, and abandonment. The literature suggests similar findings as the counselors.

Results indicated that death/loss and depression are spiritual in nature, as reported by a third of counselors. Counselors suggested that guilt is a spiritual topic; and, this seems to be related to both death/loss and depression. The issue of self-esteem was mentioned by counselors also, and seems to be related to the spiritual issues of guilt, depression, and death/loss.

The results of the study suggested differences in religious and spiritual issues. Counselors reported control, healing, and forgiveness, which are considered religious issues, and acceptance, expectations, and transitional points in life, which tend to be spiritual issues.

Objective 3:

To determine educational training needs of counselors when treating spiritual issues.

The study revealed that all counselors interviewed believe that training is beneficial to counselors in treating spiritual issues. There was also strong support given by counselors to require spiritual training of counselors.

The data indicated that counselors think education focused upon the role and awareness of the spiritual realm is valuable in training. Further support was found for training materials to include world religions for counselor education. A counselor suggested that the training not adhere to any religion, but remain general in scope.

The study also found that cultural awareness is beneficial as part of counselor education programming. Training counselors on the personal belief systems of people was recommended by a counselor. Related to this is the benefit of personal understanding, which should be taught in the form of experiential training.

A majority of counselors revealed that they use special treatment modalities when addressing spiritual

issues. The modalities suggested by the counselors included the Bible and prayer. Counselors also indicated that spiritual readings or Christian books were utilized as modalities. The idea of forgiveness was seen as a concept that could be used in treatment, stated one counselor. Lastly, a counselor reported that referrals were made when a client was dealing specifically with a spiritual issue.

Conclusions drawn from the results of this study are included in Chapter Five along with the summary and recommendations.

CHAPTER V

Summary, Conclusions, and Recommendations

Summary

Available research literature indicates that most training institutions in counselor education do not pay attention to, or invest in core curriculum course-work in spirituality and its relation to presenting client issues.

A study was designed to discover spiritual issues, which professional counselors in the field of psychology have encountered in their practice. Specifically, three objectives were created focusing on the percentage of clientele that present spiritual issues, defining spirituality and religion, and determining educational training needs of counselors for treating spiritual issues.

Nine professional counselors were interviewed using a questionnaire designed by the researcher. The counselors consisted of five females and four males, all of whom practice in western Wisconsin and eastern Minnesota, and in towns with populations of approximately 13,000 to 50,000 people. The questionnaire consisted of twelve questions focused upon obtaining information about spirituality, and was developed to meet the objectives of the study.

Conclusions

Spirituality is important in people's lives. It provides a support system for clients that are suffering from a loss of meaning and purpose in life. People are always searching for something which is missing in their lives, and spirituality has been a consistent issue in counseling for this reason. It may be safe to say, as professionals in the field, that spiritual issues will arise in therapy. It is a common issue that seems to appear at some point and form in counseling sessions, and may even be a presenting issue that deserves spiritual interventions.

The literature and counselor interviews suggest that frequent topics in the spiritual realm are emptiness, depression, self-esteem, and death/loss. These issues were once thought of as separate from spirituality, revealing that spirituality may be more influential in the lives of clients than first thought. Training becomes very important once the extent of the spiritual realm has been discovered.

Counselors will benefit from educational training in spirituality, with required training in this area being suggested by both the literature and counselors who were interviewed. This training and education may include the

role of spirituality, spiritual awareness, education on world religions, and experiential training. Clients will feel as though their issues are understood and they will receive effective treatment of spiritual concerns if counselors are prepared with spiritual training.

Treatment modalities that specifically are used for spiritual concerns have included the Bible, prayer, spiritual, and Christian readings. Bibliotherapy provides a religious intervention for clients if they are seeking spiritual guidance from God and his disciples. This connection to a higher power has meaning to clients, and seems to offer a sense of control over events in their lives.

Prayer offers an outlet to a higher power in the form of communication: verbally or meditatively. Prayer may be the expression of guilt, desires, or thankfulness for a client, which resembles expression to a priest or therapist. The overriding suggestion is that people need to feel as though there is a higher source in their life in order to find meaning or purpose for living, and that they can communicate with a higher power. Spirituality has always had a place in people's lives and will remain an important aspect.

Recommendations

The topic of spirituality is broad and continually expanding. Research has shown that there are many definitions, and it is important for psychology to find a clear spiritual definition that can be used in further research. In this way psychology can focus its research for greater understanding of spirituality in the lives of clients.

Clarification between religion and spirituality are also important for the same reasons. The field must make the determination between religion and spirituality because the roles and purposes of each are different.

Once the role and purpose of spirituality are clear, training programs can be focused upon. The proper training can be provided after research shows what is the most effective spiritual treatment. Specific modalities and techniques for treating spiritual issues are possible if research continues in this area.

Therefore, the following recommendations are made:

1. Counseling education programs need to incorporate training in spirituality, including experiential and classroom teaching. Counseling education programs not implementing spiritual training are recommended to at least provide elective courses,

or course content in spirituality. Spiritual training should include education on personal belief systems, world religions, definitions of spiritual issues, the role of spirituality, and experiential training in a lab setting.

2. Colleges and universities should provide inservice programs to past graduates in order to provide instruction on the importance of spiritual issues in therapy.
3. The last recommendation is for further research to be conducted in spirituality that offers a precise definition for the field of psychology. Further research could also focus upon specific treatments for spiritual concerns that counselors in training can utilize in practice.

Future research expanding on this study would benefit from a larger subject base. Since this study was conducted in the Midwest, further research should be carried out across the United States to gather wide-ranging definitions of spirituality in its different forms. Lastly, professionals from medical and religious fields could be included to offer information that encompasses the entire topic of spirituality as it relates to human life.

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APPENDIX A

THESIS QUESTIONNAIRE

1. Gender, title
2. How long have you practiced as a professional?
3. What is your area of specialization/concentration?
4. What is your education or training?
5. In your practice, have you encountered spiritual issues as presented by clients?
6. Have you seen an increase in spiritual concerns in your experience as a counselor?
7. Do you use different treatment modalities for treating spiritual issues than you do for non-spiritual issues?
8. Do you think that spiritual training should be required for counselors as part of their education?
9. Have you received any formal training in spirituality?
10. Do you believe that training in spirituality would be beneficial to counselors?
11. What is the percentage of clientele that present spiritual issues in your experience as a counselor?
12. How do you determine a client has a spiritual issue?

APPENDIX B

**APPENDIX B: RESPONSES BY COUNSELORS TO QUESTIONS 5-12 OF
THE QUESTIONNAIRE**

Question 5: In your practice, have you encountered spiritual issues as presented by clients?

- | | |
|--------|--------|
| 1: YES | 2: YES |
| 3: YES | 4: YES |
| 5: YES | 6: YES |
| 7: YES | 8: YES |
| 9: YES | |

Question 6: Have you seen an increase in spiritual concerns in your experience as a counselor?

- 1: No
- 2: No, the concerns have been there all along.
- 3: At different times I would answer it differently. It dominated in the 1960's, but now it is too absent. Spirituality dominates more by its absence than by its presence.
- 4: No, it has stayed consistent.
- 5: No, it comes and goes.
- 6: As I grow spiritually, I am more aware of it.
- 7: No. With awareness, I tune into it more though.
- 8: Absolutely. The concerns are getting graver, serious, and more complicated.
- 9: No, it has remained the same. It is consistent for humans.

Question 7: Do you use different treatment modalities for treating spiritual issues than you do for non-spiritual issues?

1. No. I use the same process. Listen to the metaphors and people will tell you their issues.
2. No. I use what works, which includes a variety of modalities. You have to work with the client's strengths. You have to respect whatever they call God, and talk about their understanding.
3. Yes. Do you treat everyone the same? You may have to put personal beliefs aside to treat them and then see how that fits into their beliefs.

4. Probably, but I make referrals for direct spiritual issues. I have use prayer and interactive guided imagery where they pick their own images. There is also direct discussion of issues.
5. No. The patient brings it up and I challenge them. You do what works for the client.
6. No. Relationship is the basis, as is respect. I use a very eclectic approach.
7. No, I try different modalities. I think being eclectic works.
8. Yes. I use the Bible, prayer, logotherapy and forgiveness.
9. Yes. Other tools to use are bibliotherapy, the Bible, spiritual readings, and imagery.

Question 8: Do you think that spiritual training should be required for counselors as part of their education?

1. Yes, but not from a book. They have to encounter it with their own spirit.
2. Yes, if they are taught an awareness of spiritual issues. There should be teachings on a religious variety. The emphasis should be on respecting the client, and not imposing. The education should be broad.
3. Yes. Familiarity with the role that religion and spirituality plays in people's lives should be taught. They should understand what makes it work for them also. Training is not recommended, but being informed about what they will encounter is.
4. Unsure, because it depends on the setting of the training.
5. It should be included to understand the spiritual belief systems of people.
6. Yes, absolutely. It should be included for any treaters.
7. Some concept or awareness should be taught.
8. Absolutely, part of the issue is about God.
9. Yes. We underestimate the spiritual realm. It begins with an awareness of spirituality. You have to be sensitive to spiritual expression, especially culturally.

Question 9: Have you received any formal training in spirituality?

1. Yes, in the seminary, but it was of little help.
2. Yes, from the American Foundation of Religion and Psychiatry for one year with supervision.
3. No.
4. Not in connection with counseling issues.
5. No.
6. No, but I have sought it at conferences.
7. No, but I have attended some workshops.
8. Yes, I am an ordained minister.
9. Yes, I hold a Master of Divinity where I took specific courses in spirituality.

Question 10: Do you believe that training in spirituality would be beneficial to counselors?

1. Yes, if it were experiential and not educational.
2. Yes, it would teach respect and acceptance, and it should not be imposing.
3. Yes, a course in world religions would be beneficial.
4. Yes, it would make the counseling more comfortable when a client brings up spiritual issues. It should be dogma-less training.
5. I think it would.
6. Yes, absolutely. It is more important to look holistically, especially with brief therapy.
7. Yes.
8. Absolutely. Counseling and spirituality go together.
9. Yes, and you can refer back to question 8.

Question 11: What is the percentage of clientele that present spiritual issues in your experience as a counselor?

1. Basically all.
2. Three percent. Throughout therapy people often make a connection.
3. Eighty-five percent deal with it at some point in therapy. The form has changed because there is no basis. It is not defined as such by religion and spirituality.
4. Ten to fifteen percent.

5. Less than five percent present, but it is there and comes out later. Most people bring it up. Sixty percent.
6. Few, because of the shame barrier. People have been spiritually abused, and once it is opened up it is tremendous. Almost all deal with it though.
7. Forty to fifty percent, maybe higher.
8. Ninety-eight percent.
9. Five percent present it, but one hundred percent bring it up.

Question 12: How do you determine a client has a spiritual issue?

1. Acceptance of how life should be. Expectations that won't come true.
2. Clients raise questions in the spiritual realm. Grief work, angry with God, low self-esteem, depression, knowing the truth about yourself.
3. If they don't have a system you have to find something. People do not have a reference point from which to live and make choices. There is no point of larger consideration, and these are good guidelines for spiritual issues.
4. Death/loss, imprisonment-convicted of attempted murder. Resolution of pregnancy issues. You have to make the assumption that it may be connected.
5. Control needs, self-esteem, total emptiness.
6. It should be part of an intake, and you just ask people about it. Disconnected, vacuum, religious guilt leading to depression.
7. It is characterological-externalizing versus inner.
8. People will tell in the first five minutes. For example, my behavior is wrong because I hit someone. They ask why this happened, where was God? There may be healing, hate, forgiveness and prayer for problems.
9. You have to listen carefully, because spirituality is the shadow on the therapist's wall. It is behind the issues. The issues are transitional points, like relationships, loss/death, career. When support is gone they rely on religion.

APPENDIX C

APPENDIX C: TITLES OF COUNSELORS

Supervisor of spiritual care
Clinical Social Worker and Psychotherapist
President of private practice
Psychiatric Social Worker
Faculty Lecturer
Marriage and Family Therapist
Director of business in private practice
Humanistic Psychoanalyst
Clinical Supervisor and Senior Psychologist

APPENDIX D

APPENDIX D: EDUCATION OF COUNSELORS

Master of Social Work
Master of Education
Psychiatric Social Worker
Master of Divinity and Ph.D. in
Counseling Psychology
Marriage and Family Therapist
Ordained Pastor and Marriage and Family
Therapist
Master of School Psychology, Master of
Social Work and Doctorate
Master of Counseling and Ph.D. in
Counseling Education

APPENDIX E

APPENDIX E: AREAS OF SPECIALIZATION OF COUNSELORS

Chemical dependency and family therapy
Families and Couples
Addiction, alcohol, drug, and families
Psychiatric social work
Counseling psychology
Marital, child, teen, adult women, group,
depression and anxiety
Marriage, adolescent sex abuse and
depression
P.T.S.D., adolescent, altered states and
gender identity
Applied psychology and crisis intervention

APPENDIX F

CONSENT FORM FOR RESEARCH PARTICIPATION

Project title: Spirituality: Counselor Perspectives and Educational Training

Jeffery Ongna, a graduate student of the University of Wisconsin-Stout in Guidance and Counseling is conducting research in the titled area, and would appreciate your participation in this study.

It is not anticipated that this study will present any medical risk or social risk to you. The information gathered will be kept strictly confidential and any reports of the findings of this research will not contain your name or any other identifying information.

Your participation in this study is completely voluntary. If at any time you wish to stop participating in this research, you may do so without coercion or prejudice. Just inform the researcher.

Questions or concerns about participating in the research or subsequent complaints should be addressed first to the researcher or research advisor, Dr. Ed Biggerstaff, Professor of Psychology at (715) 232-2410, or second to Dr. Ted Knous, Chair of UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11HH, UW-Stout, Menomonie, WI, 54751. Phone: (715) 232-1126.

By signing below I verify that I am 18 years or older, in good mental and physical condition, and that I agree to and understand the conditions listed above.

Signature_____

Date_____